Fairfax County Park Authority

12055 Government Center Parkway, Suite 927 ♦ Fairfax, VA 22035-1115 ♦ (703) 324-5514 FAX (703) 631-2004

Counselor-in-Training (CIT)

Summer Positions at Rec-PAC for Teens Ages 14* and Older

CIT REGISTRATION FORM

If you are looking for a great summer experience volunteering with elementary school age children, consider the Counselor-in-Training program, a wonderful opportunity for teens to develop their leadership skills in the field of recreation. Successful participation as a **CIT** in the summer **Rec-PAC** summer program, can be used as work experience, and may lead toward future employment when the applicant becomes 18 years of age.

WHERE TO PARTICIPATE

Please select your top 3 choices of

Member #	(See Parktake	es Magazine Mai	ling Label)		n the attached list of
Student Name:		Birtl	nday//_	school location	
Parent /Guardian Name(s):				_ 1	
Street:				_ 2	
City: Home Phone:/_ Parent Work Phone:/	State:	Zip Code: _		_ ^{3.}	
Home Phone:/		Returning CIT?	⊔Yes ⊔No	N /	
Parent Work Phone:	/	Ext	Emergency F	Pnone:/	
WHEN DO VOILWANT	TO ATTENDS				
WHEN DO YOU WANT			Monday-Eriday fo	or the greatest henefit	to themselves and the program.
Check the sessions and da	avs helow that w	ns as possible, it nu would like to v	vork Programs	run June 28 through	August 5, 2004 at school
sites.	ayo below that y	oa woala liiko to v	voik. i rogiamo	Tan Gane 25 an Gagn	August 6, 2004 at 5611001
School Sites (8:15 a.r	n. – 3:45 p.m.)				
☐ June 28-July 2	☐ July 5-9	☐ July 12-16	☐ July 19-23	☐ July 26-July 30	☐ August 2-6
MARK YOUR CALEN	DAR - CIT OI	RIENTATION			
			entation course	on Saturday. June 12	2, 2004 at Poe Middle School
					hours of training, a volunteer
					check. Return to our office by
					g public assistance. To qualify,
applicants must apply in ac	vance through the	he Rec-PAC offic	ce by calling (70	3) 324-5514.	
my expense to: (1) contact child to the nearest hospita publicity. In accordance with	d volunteers, from in this activity. FC our family physicia . I give my permis h the Privacy Act	any and all claims PA employees haven, or (2) utilize the ession for the use of of 1976, this inforn	for bodily injury, we permission in the most convenient findividual and/ornation will be used	personal injury and/or pr he event I cannot be rea rescue squad vehicle o group activity photograp	roperty damage which may ached readily in an emergency at r ambulance to transport my ohs in connection with FCPA
Allergies: □bee stings □ in What should be done if your o	sect bites 🚨 food	ds □Other explai tact with an allerge	n:n:		
Please tell us if your child has	any health proble	ms we should know	w about:		
Does your child take medication	on? □ Yes □ No	Medication: Nam	e/Type		For
Restrictions			Ph	ysician	Phone
☐ Credit Credit Car Credit Car	Card (Visa □ d #/_ d Signature) Make check MC □) Printed I	Name on Card _ /	Exp. Date	
Fairfax County is co	nmitted to giving all	citizens equal acces	s to recreational op	portunities. In keeping with	that policy, reasonable

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Fairfax County is committed to giving all citizens equal access to recreational opportunities. In keeping with that policy, reasonable accommodations and support are provided upon request to individuals with disabilities. Accommodations include sign interpreters, assistive listening devices, program modifications and mainstream assistance. Call (703) 222-4664 or TTY (703) 803-3354 at least two weeks in advance of the date services are requested.

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